



APPLICATION to RENEW a LICENSE
BUSINESS ORGANIZATION HEARING AID DISPENSER

ARIZONA BUSINESS NAME (D.B.A.):	
ARIZONA LICENSE NUMBER: BHAD	LIC EXPIRATION DATE:
According to A.R.S. §41-1092.11(A), your license will remain in effect until it is reissued ONLY if you submit a <i>complete</i> and TIMELY application. An application submitted within 30 calendar days after the expiration is LATE and thus not timely. It is unlawful to practice on an expired license.	LATE APPLICATION? Circle: YES NO

<i>This table for ADHS use only!</i>	Date Received: _____	BSLSTAFF: _____
FEE AMOUNT \$	FEE ACCT#	RENEWAL
FEE AMOUNT \$	FEE ACCT#	LATE

Please provide the following information:	ADHS ADMIN REVIEW	ADHS SUBST REVIEW
Business Organization Legal Name:		
For the Arizona location where the Business Organization engages in hearing aid fitting and dispensing: Arizona Business Name (DBA): Arizona Business Address: Arizona Business Telephone Number:		
Of the individual authorized by the business organization to be the designated agent: Designated Agent Name: Designated Agent Address: Designated Agent Telephone Number: Designated Agent E-mail Address:		

Arizona Business Name (DBA):			BHAD																
Please provide the following information:			ADHS ADMIN REVIEW	ADHS SUBST REVIEW															
List every employee who provides hearing aid fitting and dispensing services at this location:																			
Arizona Dispenser License Number	Dispenser Name	AZ Business Telephone Number																	
<p>Has the business organization or a hearing aid dispenser working for the business organization had a hearing aid dispenser license suspended or revoked by any state within two years before the application date? Circle one: YES NO</p> <p>Is the business organization or a hearing aid dispenser working for the business organization currently ineligible for any license in any state due to a suspension or revocation? Circle one: YES NO</p> <p>If YES is circled for either of the above, list below the name, affected license number, and state agency for each suspension, revocation, or ineligibility.</p> <table border="1"> <thead> <tr> <th>Name</th> <th>License Number Affected</th> <th>State</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>			Name	License Number Affected	State														
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Arizona Business Name (DBA):	BHAD	
Please provide the following information and documents:	ADHS ADMIN REVIEW	ADHS SUBST REVIEW
A \$200 license fee made payable to: <i>Arizona Department of Health Services</i> . PRINT in the memo line your Arizona DBA Name and "LIC RENEWAL FEE".		
If applicable, a \$25 late fee. According to A.R.S. § 36-1904, an expired license is renewable by paying a late fee IF the Department will receive your complete application and fees no more than 30 calendar days after the expiration date of the license. If it is more than 30 calendar days after the expiration date of your license, your license is non-renewable. You may reapply for the license by submitting an initial application and the additional documents required for a non-renewable license.		
By signing below, you attest that all of the information submitted as part of this application is true and accurate: The Designated Agent's signature: _____ and date of signature: _____		

Before submitting your application, take a moment to double check that all application pages, documents, attachments, and fees are included. Be sure to photocopy or save a personal copy of your application and any attachments. Mail completed application and all required documentation to:

Arizona Department of Health Services
Bureau of Special Licensing
150 North 18th Avenue, Suite 410
Phoenix, Arizona 85007